NATIONAL QUALITY FORUM

Behavioral Health and Substance Use, Spring 2019 Measure Review Cycle

Standing Committee Meeting

Michael Abrams, MPH, PhD, Senior Director
Nicolette Mehas, PharmD, Director
Desmirra Quinnonez, Project Analyst
Hanna Bui, Project Analyst

June 26, 2019

NQF Staff

Project staff

- Michael Abrams, MPH, PhD, Senior Director
- Nicolette Mehas, PharmD, Director
- Shaconna Gorham, Senior Project Manager
- Desmirra Quinnonez, Project Analyst
- Hannah Bui, Project Analyst

Agenda for Today's Web Meetings
June 26, 2019

- Review Committee Voting Results & Discussion
- Summary of Scientific Methods Panel's Decision
- Related Measure Discussion
- Portfolio Gaps Discussion
- Public Comment
- Next Steps

Introductions and Welcome

Behavioral Health Standing Committee

- Peter Briss, MD, MPH, (Co-chair)
- Harold Pincus, MD (Co-chair)
- Mady Chalk, PhD, MSW
- David Einzig, MD
- Julie Goldstein Grumet, PhD
- Charles Gross, PhD
- Constance Horgan, ScD
- Lisa Jensen, DNP, APRN
- Dolores (Dodi) Kelleher, MS, DMH
- Kraig Knudsen, PhD
- Michael R. Lardieri, LCSW
- Tami Mark, PhD, MBA
- Raquel Mazon Jeffers, MPH, MIA
- Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN
- Laurence Miller, MD
- Brooke Parish, MD
- David Pating, MD
- Vanita Pindolia, PharmD
- Lisa Shea, MD, DFAPA
- Andrew Sperling, JD
- Jeffery Susman, MD
- Michael Trangle, MD
- Bonnie Zima, MD, MPH
- Leslie S. Zun, MD, MBA

Review of Committee Voting Results

Measures Reviewed (Spring 2019)

- 0560 HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification
- **0640 HBIPS-2 Hours of physical restraint use**
- **0641 HBIPS-3 Hours of seclusion use**
- 1922 HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed
- **3488 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**
- **3489 Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

NQF Scientific Methods Panel Review

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of measure 3492 *Emergency Department Use Due to Opioid Overdose*
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

NQF Scientific Methods Panel Review

- 3492 *Emergency Department Use Due to Opioid Overdose* did not pass SMP Review
- Principal rationale
  - *No ICD-10 testing*
  - *No county-level validity testing*
  - *Concern about specificity of overdose definition*
    - » Included 'opioid-related' events, not just full overdoses?
  - *Denominator inclusion perhaps too broad?*
    - » Adjust/select for *a priori* risk or multiple events by same person?

Related Measures Discussion

Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

Related and Competing Measures for 0640

NQF #	0640	0687
Title	HBIPS-2 Hours of physical restraint use	Percent of Residents Who Were Physically Restrained (Long Stay)
Steward	The Joint Commission	CMS
Measure focus	Total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint	Number of long-stay residents who have experienced daily physical restraint usage during the 7 days prior to the selected assessment
Patient population	Psychiatric inpatients	Long stay residents (at least 101 cumulative days of nursing care)
Exclusions	Total leave days	Facilities including fewer than 30 residents; residents are excluded if there is missing data for relevant assessment questions
Level of analysis	Facility, Other	Facility
Setting	Hospital-based inpatient psychiatric setting	Post-Acute Care
Data source	Electronic Health Records, Paper Medical Records	Electronic Health Records

Related and Competing Measures for 3488

NQF #	3488	0004	3312	3453
Title	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	Continuity of care after inpatient or residential treatment for substance use disorder (SUD)
Steward	NCQA	NCQA	CMS	CMS
Measure focus	Percentage ED visits for members 13 years of age and older with a principal diagnosis AOD abuse or dependence, who had a follow up visit for AOD	Initiation within 14 days of diagnosis and engagement of AOD treatment within 34 days of initiation	Discharges from a detoxification episode followed by a treatment service for SUD (including pharmacotherapy) within 7 or 14 days after discharge	Percentage of discharges from an inpatient or residential treatment for SUD which was followed by a treatment service for SUD
Patient population	13 years and older	13 years and older	Medicaid beneficiaries, 18-64 years	Medicaid beneficiaries, ages 18 to 64

Related and Competing Measures for 3488 (Continued)

NQF #	3488	0004	3312	3453
Title	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	Continuity of Care After Inpatient or Residential Treatment for SUD
Exclusions	Patients in hospice	Individuals with a claim/encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment, alcohol or other drug dependency medication dispensing during the 60 days before the IESD; hospice	N/A	Both the initial discharge and the admission/direct transfer discharge if admission/direct transfer discharge occurs after Dec. 15 of the measurement year; Discharges followed by admission or direct transfer to inpatient or SUD residential treatment setting within 7 or 14-day period (exception is admission to residential treatment following inpatient); hospice
Measure timing	Follow-up within 7 days and 30 days of the ED visit	14 days and 34 days	7 days or 14 days	7 days and 14 days
Level of analysis	Health Plan	Health Plan	Population : Regional and State	Population : Regional and State
Setting	Emergency Department	Emergency Department and Services, Inpatient/ Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Emergency Department and Services, Home Care, Inpatient/ Hospital, Outpatient Services
Data source	Claims	Claims	Claims	Claims

Related and Competing Measures for 3489

NQF #	3489	0576
Title	Follow-Up After Emergency Department Visit for Mental Illness	Follow-Up After Hospitalization for Mental Illness (FUH)
Steward	NCQA	NCQA
Measure focus	Patients discharged from Emergency department who had a follow up visit for mental illness	Patients discharged from hospitalization for treatment of mental illness who had a follow-up with a mental health practitioner
Patient population	Ages 6 and older	Ages 6 and older
Exclusions	Patients in hospice	Initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year; discharges followed by readmission or direct transfer to a nonacute facility within the 30-day follow-up period regardless of principal diagnosis; discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health; hospice
Measure timing	Follow-up within 7 days and 30 days after discharge	Follow-up within 7 days and 30 days after discharge
Level of analysis	Health Plan	Health Plan, Integrated Delivery System
Setting	Outpatient Services	Inpatient/Hospital, Outpatient Services
Data source	Claims	Claims

Portfolio Gaps Discussion

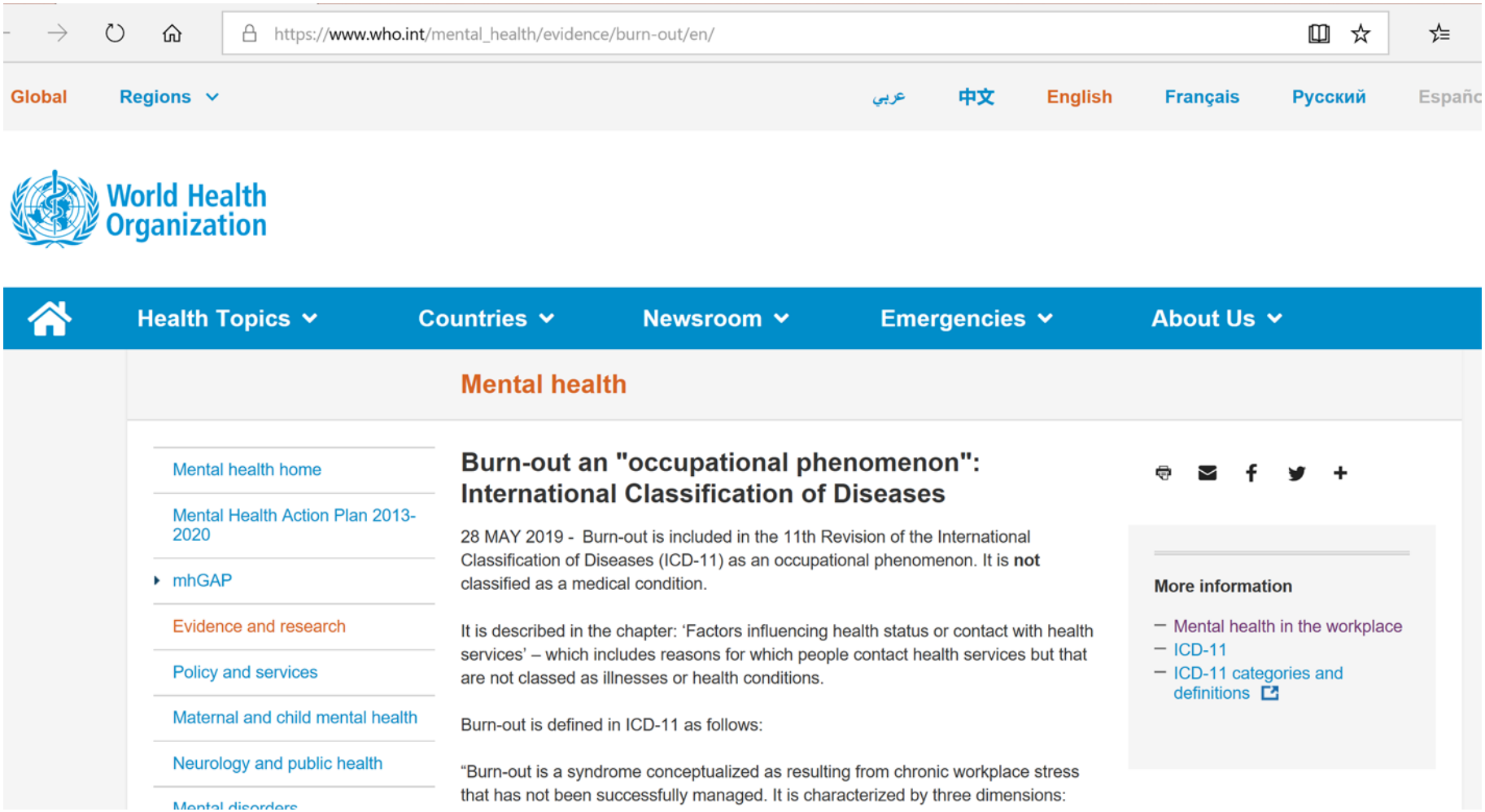
Portfolio Gaps Identified in 2016-2017

- Outcome measures for psychotic disorders, including schizophrenia
- Overprescription of opiates
- Setting-specific measures (e.g., jails)
- Proximal outcome measures
- Measures specific to child and adolescent behavioral health needs
- Measures that encompass multiple settings to better assist in the push towards integrated behavioral health and physical health
- Measures that focus on substance use disorders in the primary care setting
- Composite measures that incorporate myriad mental illnesses (e.g., bipolar disorder, depression, and schizophrenia) rather than separate screening measures for each illness
- Patient-reported outcome measures
- Measures that examine the period of time between screening and remission. For example, after screening patients on tobacco use, what percentage actually stopped smoking, and what was the duration?
- Measures that address access to behavioral health facilities, or lack thereof.
- Measures that focus not only on treatment and prevention but also on recovery

Portfolio Gaps Identified in Fall 2018

- Measures focused on social determinants of health (e.g., housing, employment, and criminal justice issues)
- Measures of care coordination across the life-span and full course of the wellness/illness continuum
  - *Measures of recovery, overall well-being, and total cost of care (including composite measures) were encouraged*
- Measures that pair patient goals with functional outcomes
- Measurement could address provider "burnout" by targeting efficiency issues including those tied to payer-managed care (e.g., prior authorization, treatment limits)
  - https://www.who.int/mental_health/evidence/burn-out/en/
- One member suggested top priorities include: 1. the opioid crisis, 2. care integration especially between mental health and substance use disorders, but also between those two behavioral health issues and physical health (e.g., primary care), and 3. measures of overall well-being

WHO Announcement about “Burn-out”…



ICD-11 (Lancet Editorial, June 8, 2019)

- Launched June 2018
- 14,400 Codes (ICD-10)→ 55,000 codes
- Gender incongruence, separate from mental disorders
- Stroke now neurologic rather than circulatory
- ADHD no longer fixed to an age range
- PTSD diagnoses said to be simplified
- Addictive conditions added: hoarding and gambling
- Compulsive sexual activity, impulsive control disorders
- Burn-out syndrome (not a medical condition)
  - *Exhaustion, decrease profession efficacy, mental distance or other negative feelings about one's job.*
  - *https://nam.edu/initiatives/clinician-resilience-and-well-being/*
  - *https://ncvhs.hhs.gov/ (ICD-11 Subcom on standards, Aug. 6-7)*

Portfolio Gaps Discussion

- Which areas previously identified are no longer gaps? Which areas still represent opportunities for measure development and endorsement?
- Which new topic areas have emerged as priorities for measurement and quality improvement?
- Any additional considerations for future measurement in the area of behavioral health and substance use?

Public Comment

Next Steps

Activities and Timeline

Process Step	Timeline
Draft report posted for public and NQF member comment	July 25 - August 23, 2019
SC Post-Comment Call to review and respond to comments	September 16, 2019 12:00-2:00 pm ET
CSAC review and approval	October 10-28, 2019
Appeals	October 30 – Nov. 28, 2019

Project Contact Info

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- SharePoint site: http://share.qualityforum.org/Projects/Behavioral%20health%20and%20substance%20use/SitePages/Home.aspx